

Instructions
Print legibly or type information. Sign at bottom. Complete all sections of this form. Return this copy to the address at the right. Retain a copy for your records.

State of Michigan
 Department of Consumer & Industry Services
 Bureau of Regulatory Services
 P.O. Box 30650
 Lansing, Michigan 48909
 www.michigan.gov

Office Use Only
File #

COMPLAINT FORM

Authority: P.A. 116 of 1973, as amended
 P.A. 368 of 1978, as amended
 P.A. 218 of 1979, as amended

I wish to complain against the facility or agency named below. I am submitting this information so that it may be determined if licensing action against this facility or agency should be considered.

Information About You			Complaint Filed Against		
Your Name			Facility/Agency		License # (if known)
Street Address					
City			Street Address		
State	Zip Code	County	City	State	Zip Code
Resident Name (if applicable)			Telephone Number ()		
Your Telephone Number Home: ()		Work: ()	Incident Date		
Check One: <input type="checkbox"/> Adult Foster Care Facility <input type="checkbox"/> Child Care Home <input type="checkbox"/> Child Care Placing Agency <input type="checkbox"/> Foster Home <input type="checkbox"/> Home for the Aged <input type="checkbox"/> Child Care Center <input type="checkbox"/> Child Caring Institution <input type="checkbox"/> Camp					
Is there court action pending?	Enter Your Attorney's Name		May we release your name?	Will you testify at an Administrative Hearing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Give details of your concerns (who, what, when, where, how, etc. Use additional sheets if necessary).					
Signature					Date